

head2head

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FREE Magazine of the Mental Health Commission

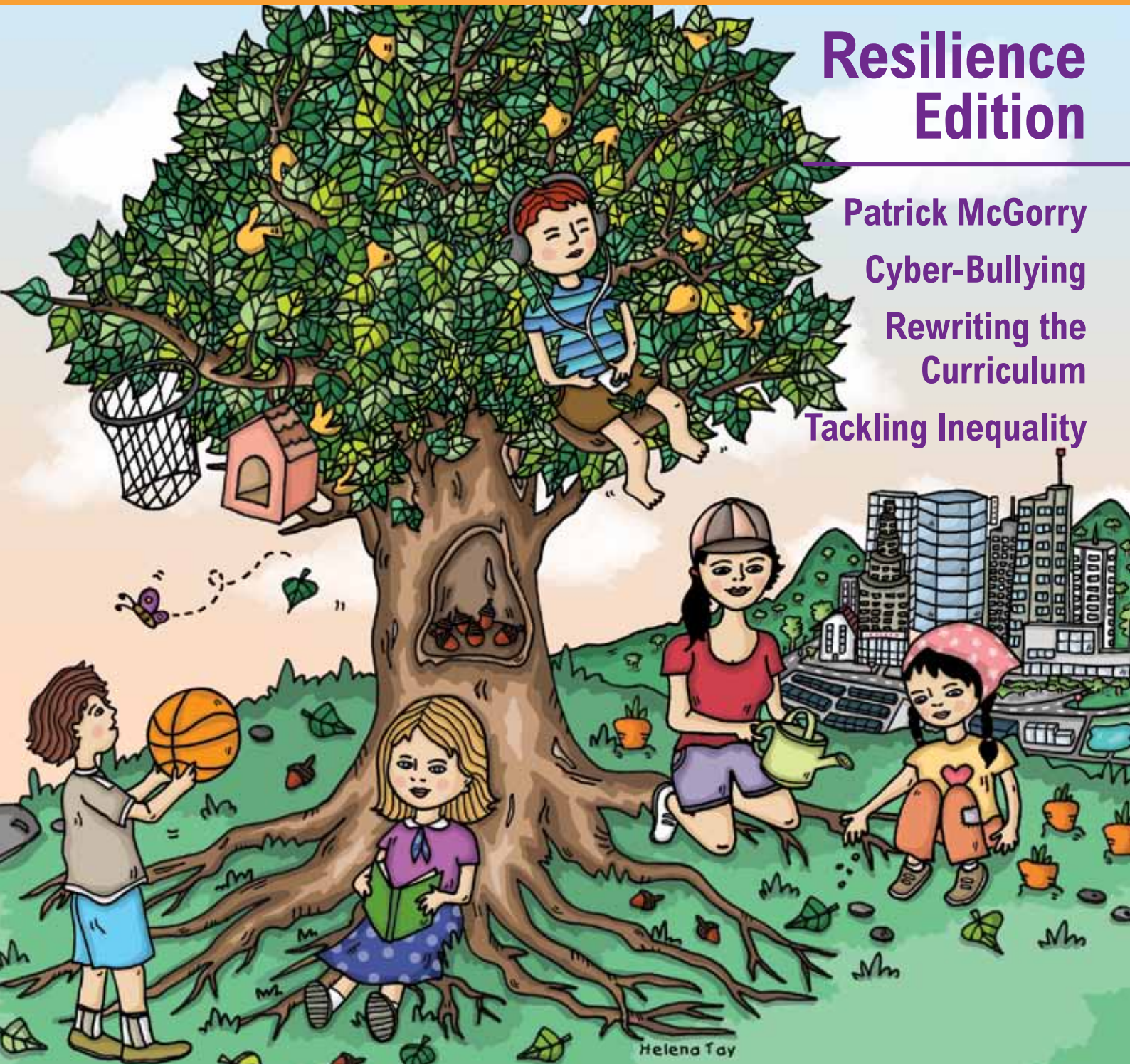
Resilience Edition

Patrick McGorry

Cyber-Bullying

Rewriting the
Curriculum

Tackling Inequality



Creating a Mentally Healthy WA



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Contents

Feature	What We Need Now	4
Profile	Resilience and Engagement	7
Trauma	The Trauma of the Child	9
	Cyber-bullying: Fact versus Fiction	11
	Settling in Australia	12
Tackling Inequality	The Smith Family Values	13
	Opportunities for a Better Future	13
Tried and Tested	Eyes on the Camera	14
	Teaching Positive Touch	15
Early Years	Security and Attachment	16
	Enjoying Reading Together	17
	Rewriting the Curriculum	18
	Healthy Mums, Healthy Babies	19
	The First Step	19
	To Carry the Parent	20
Building Resilience	Time-Out for Children	21
	Easing the Load	22
New Research	Emotional Intelligence in Schools	23
	Continuing the Care	23
Agency Updates		24
Mental Health is Everyone's Business	Active Bodies and Healthy Minds	25
Reviews		26
Diary Dates		27



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Cover by Helena Tay, www.littlemoandfriends.com

Headlines



Welcome to the first edition produced by the Mental Health Commission.

With changes afoot in the mental health sector, it is fitting that the theme of this edition is Resilience. Resilience, according to contributor Professor Steve Zubrick, is "the ability to adapt well in the face of significant adversity."

Australian of the Year, Professor Patrick McGorry, provides our feature article. Professor McGorry's work in improving the mental health of young people was acknowledged earlier this year with the awarding of one of the country's highest honours. His impassioned article on the wide-ranging benefits of investing in youth mental health brings into focus the importance of promoting mental wellbeing and resilience in the young.

Our articles focus on children from 0 to 18 years of age. Topics range from programs promoting resilience in the early years, to the effects of childhood trauma on the later years. Underlying these contributions is a sense that the difficulties that most of us encounter need not undermine our hope for a better future.

Neil Guard
Acting Mental Health Commissioner



What We Need Now

“We have good reason to be concerned about the mental health of our young people,” says Australian of the Year, Professor Patrick McGorry. He tells us more.

In Australia, mental health issues account for 55 percent of all ill-health in those aged between 15 and 24 years, with depression, anxiety and substance misuse being the most prevalent problems in this age group. Given the sensitivity of this time of life, when psychological, social and educational pathways are being established during the transition to independent adulthood, it is not surprising that mental illness, even if relatively brief and mild, can seriously derail or even block a young person's potential. Ample evidence shows that mental ill-health in young people is associated with high rates of enduring disability, including school failure, unstable employment, poor social and family functioning, which all too often lead to a spiral of disability and disadvantage that becomes difficult to reverse.

“Mental illness, even if relatively brief and mild, can seriously derail or even block a young person's potential.”

Currently, 1 million young Australians suffer mental ill health every year, and most do not receive the care that they need. As a society, we cannot afford to ignore the human, social and economic consequences of this situation. A recent report by Access Economics has estimated that in 2009, the financial cost of mental illness in Australians aged between 12 and 25 years was \$10.6 billion, with 70.5 percent of this due to the costs of lost productivity caused by lower employment, absenteeism and premature death. Furthermore, the value of the loss in wellbeing (disability and premature death) was estimated at a further \$25 billion. We need to invest in our future, and clearly, investing in youth mental health makes good sense: a strong focus on young people's mental health has the capacity to generate greater personal, social and economic benefits than intervention at any other time in a person's lifespan. Put simply, mental health equates with national wealth, in the broadest possible sense.

Fortunately, there is a growing movement that aims not only to raise awareness of this crying area of unmet need, but also to redress it. In the early 1990s we began to promote the idea that intervention in the very early stages of the development of a mental illness was the most effective strategy to reduce the burden of disease created by these disorders. Intervening early to stop the progression of a mental illness should also prevent the accumulation of the collateral damage that is all too often associated with a serious illness: social withdrawal, school failure, and unemployment. Early intervention—treatment on time—is as valid in mental health care as it is everywhere else

in healthcare; and in 21st century Australia our health system should care for our minds as well as our bodies.

What does a system of care built around early intervention actually look like? To explain this system I am going to use the perspective of a 19-year-old young man called “James” as he experiences each stage of the system. Although James is a fictional character, the experiences I attribute to him are common in many of the young people we have provided care to. In Australia today the odds are against James getting effective help if he develops a mental health problem. Currently only 13 percent of his young male peers are able to do so. However, as an illustration of what could be the norm, let us assume that James lives in an area where there is a well-developed system of support and care available to him.

Just after his 19th birthday James noticed that he was becoming depressed. His family and friends also noticed that he seemed to be a bit down and so spent some time talking to him to see if there was something that was troubling him and to provide moral support. This illustrates the first level of early intervention—where young people are able to recognise early signs that they may be experiencing mental ill-health and where their surrounding environment allows them opportunities to talk openly about their feelings with the people around them to gain support and advice.

In many cases this first layer of support may be all that is required for a passing phase of mental ill-health. However, let us assume that James' problems persist and he is beginning to find it harder and harder to motivate himself to socialise or to go to work or college. James, perhaps with a little nudging from a friend or family member, decides to get a professional assessment of what is going on. James drops in to a local youth health and wellbeing service and is quickly seen by someone knowledgeable and friendly who suggests a number of options.

The options that James is given after this assessment will depend on what he is experiencing. Perhaps all James needs at this point may be advice about self-help and coping techniques that he can use to help manage his mental health better, such as reducing his alcohol intake or doing more exercise. Or perhaps referral to e-mental health resources such as Reach Out, beyondblue or headspace might be appropriate. However, maybe what James really needs is a period of skilled support from one or perhaps several helping professionals, normally a psychologist, GP, or psychiatrist, but often this may also involve input from addiction counsellors, employment and education advisers, etc. This is all arranged, negotiated and made available in the same

easily accessible youth-friendly primary care setting.

This is an illustration of the second level of early intervention in action—where young people have access to a clinical assessment and, if needed, clear referral pathways to medical, allied health and other specialised expertise. A combination of the first and second layers of support, if well coordinated and appropriately provided in a “one stop shop,” can provide effective interventions to the majority of the 1 million young Australians who experience mental ill-health every year.

Now let us imagine instead that James is one of the 120,000 young Australians who develop a more serious mental illness each year. James has become increasingly withdrawn from his friends and family, begins missing work or college appointments and starts to hear strange voices in his head, ultimately becoming more desperate and suicidal. James is beginning to experience psychosis, which if left untreated could cause widespread collateral damage, derail his life and that of his family, and all too often results in premature death. However, the prospects for James are much better, because he has been immediately referred to a specialist youth mental health service which has the latest expertise in the care of early psychosis, one of the great advances in mental health care in recent years.

At this third level of early intervention, James is now provided with intensive support from a highly skilled and mobile multidisciplinary team, coordinated by a case-manager. Typically, the professionals supporting James include a psychologist, a psychiatrist (who in this instance is likely to prescribe low doses of anti-psychotic and other medications), an occupational therapist, a vocational/educational expert and a social worker. James is further supported by the structured involvement of other young people who have also experienced psychosis and who provide hope, optimism and peer support and are role models for the process of recovery.

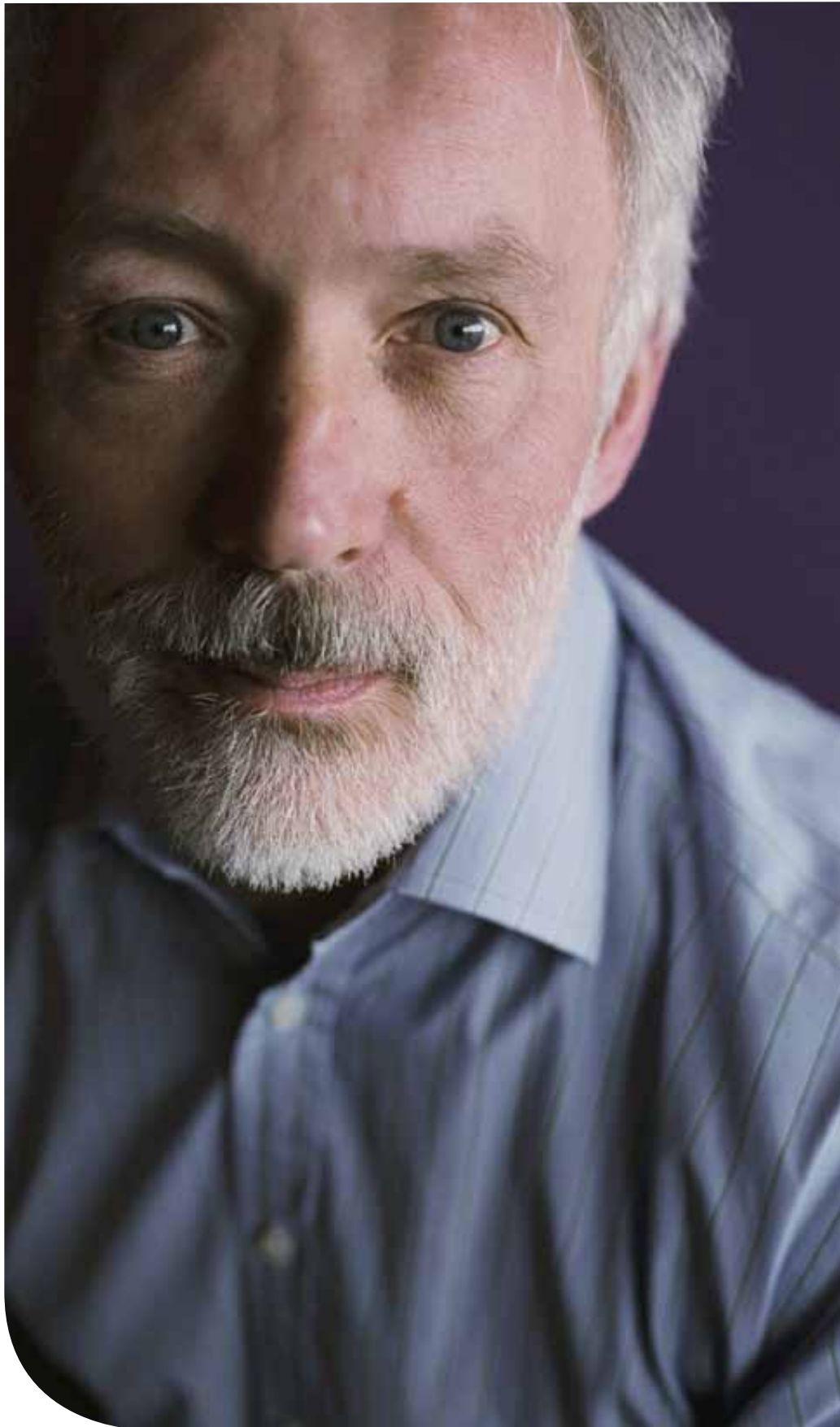


Photo by Tina Giorgio, courtesy of Orygen Youth Health

James' family is also provided with peer support from a family support worker and the treating team, and plays a very important role in his recovery.

Although there may be short periods during which James may receive acute home-based care or even be admitted for in-patient care, these will last for only a few days. Over the next three years, James will continue to live within his community, with good prospects for maintaining work and study while being supported by a mixture of out-patient consultations and home visits as required. When the time comes for James to transition out of the specialist youth mental health service, he knows that he will continue to be supported at the first and second levels of early intervention to pick up any signs of a relapse and that he can be referred back to a specialist service if necessary. James has therefore every reason to look forward to a full and rewarding life, as can most people with serious mental ill health if they receive optimal care.

“All of us can contribute to building the first layer of early intervention by talking more openly about mental ill-health in our homes, schools and workplaces.”

For many young people and their families who feel badly let down by the Australian mental health system, the story of James seems like an impossible dream of the sort of help they wished they had received. Yet, the system of care described in this story is an achievable dream, and we know that because in some parts of Australia and in many places around the world we already have achieved it—what we need now is to make this type of care available to all young Australians.

How to achieve this? All of us can contribute to building the first layer of early intervention by talking more openly about mental ill-health in our homes, schools and workplaces. We can become more knowledgeable about mental ill-health by doing a Mental Health First Aid course. The public education work of beyondblue

and Reach Out are examples of initiatives that can and should be built upon to strengthen this first layer of early intervention.

The Commonwealth Government has made a notable contribution to building the second layer of early intervention through its establishment of headspace—Australia's National Youth Mental Health Foundation. headspace has received an excellent independent evaluation and with further investment could provide second level early intervention coverage to an additional 250,000 young Australians at a fraction of the cost of the recent raft of expensive investments in our hospital system. While the Commonwealth Government has recently recognised this with a welcome increase in funding to establish up to 30 new headspace sites around Australia, further investment is crucial to even begin to meet the unmet need.

Finally, at Orygen Youth Health we have developed an effective model of care for early psychosis and other serious mental illnesses that has now been replicated in hundreds of centres around the world. This model of care provides the third layer of early intervention and could act as a back-up for the existing headspace centres, as well as the new centres that are created. Today's Australia also needs a national network of specialist youth mental health services, with an initial focus on early psychosis. This can and (as recommended by the National Health and Medical Research Council) should be established by the Commonwealth Government (in partnership with State and Territory governments) to provide young Australians with serious mental ill-health access to the intensive, age-appropriate supports that they desperately need.

Professor Patrick McGorry is Professor of Youth Mental Health at the University of Melbourne, Executive Director of Orygen Youth Health, a Director of headspace, and Australian of the Year.

Visit: <http://oyh.org.au>
www.headspace.org.au
<http://au.reachout.com>
www.beyondblue.org.au

15 per cent of legal professionals experienced moderate or severe depressive symptoms, a rate 2½ times that of the general population.

Source: Beaton Consulting

Freehills has collaborated with other major law firms and The College of Law to take a leadership role in raising awareness and understanding of the nature and impact of depression and anxiety across the legal profession.

The aim of the 'Resilience@Law' program is to make a lasting contribution to the levels of awareness, understanding and resilience by developing and implementing a learning approach for people at each stage of their legal career from graduate lawyers to partners.

Gareth Bennett, Director – People & Development, Freehills

Freehills

Resilience and Engagement

Professor Steve Zubrick defines resilience and discusses youth engagement.

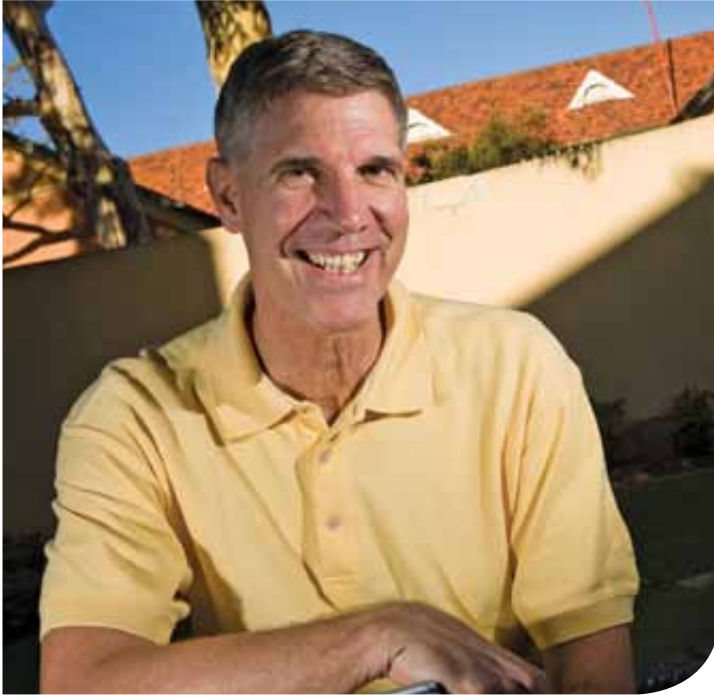


Image courtesy of the Telethon Institute for Child Health Research

What brought you here from the USA?

Love! I met my future wife, Ann, at the University of Michigan where she had commenced study as a Churchill Fellow. We were both training in speech pathology.

She was from Perth and I followed her back to Australia where we married. Perth has been my home ever since.

After returning to Michigan to obtain a PhD in Psychology, I was offered a job in what was then known as the Mental Health Service of Western Australia (MHS). I worked there for many

years, particularly with children, and helped establish the Neurosciences Unit at Shenton Park.

How did working in WA mental health inform your current approach to mental health?

My aim is to develop strategies for promoting mental wellbeing and for preventing, identifying, treating and managing mental ill health.

Part of my interest in different approaches to mental health is a reaction to the overwhelming demand for limited services.

I focus on opportunities outside the mental health service sector—in child care, maternal and child health settings, day care and educational settings—that might reduce some of the pressure at the “front door” of the clinics and centres.

I use a population approach that looks at the whole population, across the lifespan. Our approach was, and remains, different because we collect information on the whole family, not just one child or person. This tells a powerful and relevant story.

In the 1990s a couple of us working in the MHS developed a proposal to conduct the first comprehensive survey of mental health in WA children. This became the WA Child Health Survey and it had a fundamental impact on the way that mental health policy and planning began to think about services and their delivery. For instance, the Department of Health developed a population funding model for services that increased funding for child and adolescent services

I think we will always need good community-based population surveys of mental illness and positive mental health and wellbeing. Family level surveys are particularly important because they let us describe what happens in families and communities, locate opportunities for prevention and describe the burden of mental health problems with greater accuracy.

A new approach to health

Curtin Health Innovation Research Institute (CHIRI) - proud supporters of the Mental Health Good Outcomes Awards.

Australia's population is undergoing dramatic changes in health, ageing and longevity patterns. While medical advances have improved child and maternal health, and prolonged our life spans, chronic illnesses associated with longevity, lifestyle and the ageing process - diabetes, obesity, cancer and cardiovascular disease - are increasing.

Curtin University of Technology recognises that new health care models must be developed.

The Curtin Health Innovation Research Institute (CHIRI) is bold, integrated and relevant. It works with community, governments and industry partners in the prevention and management of chronic disease through strategic, collaborative and interdisciplinary research. It is a unique facility that integrates the three cornerstones of research, education and practice and demonstrates a revolutionary approach to health care in Australia.

For further information, please call the Faculty of Health Sciences on (08) 9266 7430.

Curtin Health Innovation
Research Institute (CHIRI)

Curtin
University of Technology

What is your definition of resilience?

I think resilience is best defined as the ability to adapt well in the face of significant adversity.

The interest in resilience has always been motivated by what clinicians have observed for a long time: why is it that some children who are exposed to immense adversity appear to go on and do well and not get sick or become mentally ill or develop other poor outcomes? This is a worthy question and much research has been done in the area.

“I think resilience is best defined as the ability to adapt well in the face of significant adversity.”

I think that any interest in building resilience must focus on building specific competencies and skills that support the likelihood that a person can better manage and cope in the face of adversity. It should look at how people actually learn from experiences that are particularly high in adversity.

One of our major studies on children with specific language impairment—a lifelong problem in using language—shows that many of them, despite this problem, go on to do really well, particularly when they are older and out of school.

How can we engage young people?

First of all, listen to them! I find it astonishing that children spend nearly 14,000 hours at school during their development, and we don't systematically ask them what they think of the experience! We are better at finding out what people think of their fridges.

If you are going to engage young people then you have to show an interest in them. Listening to what they say is a fundamental starting point. From there, design opportunities for them to participate, promote their efforts and the results of their participation, and affirm them as individuals. Respect sits at the centre of this.

Where are we creating expectations and opportunities for a range of young people to voice their opinions, offer their skills and be involved? They know more than we do about how to engage them! Ask them.

The RAINE study at the Institute has a website for its young participants. The site has a panel that allows them to have a say about the study and what's important to them. It's a fine example of engagement. And a rare one.

How might we create a mentally healthy WA?

It's as easy as A-B-C. Many people will be aware of the Act-Belong-Commit program that promotes mentally healthy behaviour. People can take action to maintain their mental health and wellbeing and this campaign is an evidence-based approach. I would encourage people to go to the website and learn more about it.

At a personal level I try to keep active. I walk regularly and I enjoy photography. Having friends and meaningful relationships is really important to me. There never seems to be enough time for anyone to get together these days, but it's important to me to talk, enjoy company, and compare notes about life.

I also try to make my workplace one that I and the people around me enjoy. Setting a standard that balances work and life is really hard but central to good mental health. We spend a lot of time at work, so these settings have to be places that value people. They have to offer challenges, opportunities and develop in employees a sense of engagement and attachment. When that happens, it's really magic.

Professor Steve Zubrick is Head of Population Sciences at the Telethon Institute for Child Health Research, and Co-Director of Curtin University's Centre for Developmental Health.

Visit: www.ichr.uwa.edu.au

<http://cdh.curtin.edu.au/>

www.actbelongcommit.org.au



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John Da Silva CitWA JP is the Managing Director of the Bell-Vista Group of companies which consists of Bell-Vista Fruit and Veg Company, one of Western Australia's largest fruit and vegetable wholesalers; Allstates Fruit and Vegetable Merchants, a growers agent; Allstates Export, fresh produce exporters; Allstates Marine and Food Services, ship suppliers; Allstates Liquor Wholesalers, liquor importers; Allstates Agricultural Products, seed and fertiliser suppliers; Allstates India; and Allstates Mauritius.

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The Trauma of the Child

The effects of trauma can last a lifetime. Nonetheless, there are ways to help undo the damage. Dr Sarah Landy tells us more.



"Dia Mirrors No. 1" by Amy Vinicombe, www.amyvinicombe.carbonmade.com

Trauma in its many forms has always been a part of the human experience. In spite of this its effects have not until recently been widely recognised.

The term "trauma" refers to the cause, not the effect. That is, it refers to the event, rather than the resulting stress or reaction.

Traumatic events include sexual, physical and emotional abuse; neglect; violent attacks such as rape and physical assault; man-made disasters such as wars, torture and terrorist attacks; natural disasters like volcanic eruptions, floods and earthquakes; life-threatening illnesses and painful medical procedures; serious motor vehicle accidents; extreme bullying; and domestic violence.

Ongoing or chronic trauma can result in some of the most severe symptoms.

These traumas include the death of a significant other during a traumatic event, especially if the trauma is interpersonal and occurs within the family. Such traumas are most devastating for children and can dramatically affect their developing brains and neurobiological systems, resulting in problems that can last a lifetime.

Across the world millions of children are traumatised each year, so much so that in 2008 trauma was recognised by the World Health Organization as one of the most important public health challenges facing society.

One of the most significant studies that contributed to this understanding was the Adverse Childhood Experiences (ACE) Study, carried out at US health

maintenance organisations in 1997. Thousands of patients were interviewed while attending routine medical check ups. Fifty three percent reported a high magnitude stressor during childhood, including abuse or neglect, domestic violence, and the substance abuse or mental illness of a parent. Many other stressors were also reported, such as illnesses, the death of a parent, and man-made and natural disasters.

"In 2008 trauma was recognised by the World Health Organization as one of the most important public health challenges facing society."

However, what was most significant was that a graded relationship was found between the number of adverse childhood events and adult physical and mental health and risk-taking behaviour fifty years on. With four or more adverse events compared to no events, there was a two- to four-fold increase in depression, suicide attempts, smoking, substance abuse and domestic violence. Early trauma was also related to an increased risk for diabetes, cancer, stroke, ischemic heart disease, hypertension, liver disease, and immune disorders.

“Today we know much more about how to support and treat traumatised children, though the treatment can be complicated and difficult.”

I first became interested in the field of trauma about 20 years ago when I ran a program that provided services for children who had been maltreated, and their parents. As we struggled to find the best treatments for the children and their parents it became clear how much the children had been affected by their early experiences and how these experiences impacted on their ability to contain and regulate their behaviour and emotions.

Many of the children were diagnosed with a variety of disorders including

oppositional defiant disorder, conduct disorder, attention deficit hyperactivity disorder (ADHD), and generalised anxiety disorder. In fact 90 percent of traumatised children are diagnosed with at least one disorder, with a diagnosis of multiple disorders being common and the effects of trauma unrecognised or misunderstood.

At that time the children and their parents taught us more than the available literature did about the effects of trauma. The parents and teachers involved with the children described many of the symptoms of trauma as we know them today, such as the difficulty in trusting and attaching to caregivers, an intense desire to be in control of everyone, and recurrent use of self-descriptions like “bad” and “worthless”. These children were often triggered into either an aggressive outburst or several minutes of motionless sitting and blankly staring into space.

Today we know much more about how to support and treat traumatised children, though the treatment can be complicated and difficult.

It is essential that we provide as much safety and predictability for the child as possible, either in a foster home or by working with the biological parents to help them provide ongoing stability. This includes setting the child clear limits and routines. It is also critical that the child have new opportunities to

establish relationships that can give them a sense of warmth, reliability, respect and acceptance.

Remember that the neurobiological functioning of children who were traumatised from infancy is often at a brainstem or more primitive level. Treatment therefore needs to be adapted to the developmental level of the child at the time when the trauma began. Practical strategies such as movement, music, dance and drumming can be integrated into many treatment settings and the home. The child is likely to find these approaches rewarding and fun, and they will gain a sense of mastery and competence.

Remember that cultural healing practices that provide a calming effect and a sense of pride and acceptance can also be crucial.

Undoubtedly, the treatment of trauma may need to be long and complex. However, we can no longer ignore how deeply trauma can affect children and families and in turn threaten the very fabric of our society.

Dr Sarah Landy is a Specialist Clinical Psychologist with Family Pathways. Located at Princess Margaret Hospital, Family Pathways provides treatment for children with significant mental health problems including exposure to trauma. For more information, contact (08) 9382 0730.



ECU is proud to support the 2010 Mental Health Good Outcomes Awards

The Faculty of Computing, Health and Science is committed to enhancing the skills and knowledge of health professionals to deliver the most effective care to people with mental health problems and their carers.

We are equally committed to promoting good mental health for our students, staff and community. We are proud to sponsor the Edith Cowan University Award for Mental Health Promotion and Mental Illness Prevention for the 2010 Mental Health Good Outcomes Awards.

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Cyber-bullying: Fact versus Fiction

Dr Julian Dooley of Edith Cowan University (ECU) explores the myths around the growing phenomenon of cyber-bullying.



"Five Seconds Remaining" by Amy Vinicombe, www.amyvinicombe.carbonmade.com

The recent attention on cyber-bullying, particularly from the media, has led to a number of myths and misunderstandings. This has in turn created hurdles in the effective management of cyber-bullying in schools.

Of all the myths, the most common surrounds the relationship between cyber-bullying and face-to-face bullying.

Cyber-bullying is defined as repeated and intentional aggression via electronic means, such as the internet or mobile phone. In essence, cyber-bullying is bullying using technology.

This conceptual overlap between bullying and cyber-bullying is supported by recent evidence from the Australian Covert

Bullying Prevalence Study (ACBPS). This is a nationwide study conducted by the Child Health Promotion Research Centre at ECU.

The study, involving 7,500 students from over 100 schools, reveals that more than 80 percent of those who are bullied online are also bullied offline. In addition, the majority of young people who bully others online also bully offline.

Despite the overlap, cyber-bullying presents significant, additional challenges. For example, the impact of cyber-bullying can be more widespread than face-to-face bullying. While face-to-face bullying is usually confined to a small group of bystanders, bullying which is broadcast on the internet is available to a global audience.

The prevalence and impact of cyber-bullying are often underestimated. The ACBPS indicates that about 10 percent of Australian students from years four to nine report being cyber-bullied at the very least every few weeks. This estimate is lower than in other countries, such as the USA (about 50 percent) and UK (about 25 percent). Even so, the incidence of cyber-bullying in Australia appears to be rising, probably due to increased access to technology.

Research on cyber-bullying is in its relative infancy, so we can't fully gauge the long-term impact, both from a perpetration and victimisation perspective. Nonetheless, our research indicates that cyber-bullying is associated with increased reporting of symptoms of depression, anxiety and loneliness. In addition, recent cross-national evidence from Australia and Switzerland suggests that being cyber-bullied contributes to symptoms of depression, independent of face-to-face bullying. This is an important finding, as

it demonstrates the additional impact that cyber-bullying can have on mental health symptoms for young people.

"Our research indicates that cyber-bullying is associated with increased reporting of symptoms of depression, anxiety and loneliness."

Despite the misconceptions surrounding cyber-bullying, there have been positive developments in recent months. There are several large-scale international research projects underway, and prevention and intervention strategies are being developed for schools.

There has been an increased call for specific cyber-bullying laws. Although there are currently no such regulations in Australia, there are several laws under which cyber-bullying could be prosecutable. For example, some of the elements of cyber-stalking include many of the common cyber-bullying behaviours, such as online harassment.

Cyber-bullying presents the most significant risk that young people face when using technology. To effectively reduce and manage these behaviours, it is of the utmost importance that myths and misconceptions be avoided.

Dr Julian Dooley is the Scientific Director of cyber-bullying research at ECU's Child Health Promotion Research Centre.

For more information about his research, contact Dr Dooley on (08) 9370 6965 or at j.dooley@ecu.edu.au or visit www.chprc.ecu.edu.au

Settling in Australia

Amanda Gillett and Mariana Kok from the Association of Services to Torture and Trauma Survivors (ASeTTS) tell us why the needs of refugee children are unique.



Illustration by Faudy Hanif, Balcatta Senior High School

The impact of the refugee experience on children is complex and diverse. However, it is common for refugee children to experience the effects of trauma and other psycho-social difficulties.

Some have witnessed killings and acts of extreme violence, including that inflicted on immediate family members and loved ones. Others have been separated from parents and family members following violent attacks on their village or town. Many have experienced limited access to basic needs such as adequate food, shelter, basic health care and schooling. A number have lived with constant fear and anxiety in the absence of stability and security.

The impact of the refugee experience on children's mental health is a neglected area in humanitarian settlement support programs. The focus and resources tend to be directed towards adult family members, and it is often they, not the children, who present as the "client" at services.

Although arrival in Australia brings with it a level of safety, refugee children often have significant obstacles to overcome during the settlement process. Their parents or guardians may have been traumatised and could be struggling to cope in the new environment. As a result, they may be unaware of their children's psycho-social issues.

The symptoms of trauma in refugee children are often noticed in school but are frequently misunderstood. A sudden introduction to the rules and structures governing a school might lead to the loss of emotional control, outbursts of anger and aggression, and poor social skills. Children might soil themselves in response to school situations that re-trigger earlier fears and anxieties. Self-harming and withdrawal are other symptoms.

Teachers who have worked with refugee children in intensive English language centres are more likely to be aware of the issues. However, most teachers do not have an adequate knowledge or understanding of the impact of the refugee experience on children. Because of this, many children are labelled "difficult" or "naughty," their underlying trauma neither recognised nor addressed.

ASeTTS works with children in several ways to provide them with safe opportunities to tell their personal trauma story, develop social skills and self esteem, improve strategies for managing emotions, and reduce levels of emotional and physiological arousal to stressful events.

The programs include Jungle Tracks, aimed at children between the ages of 4 and 12. Jungle Tracks uses a storytelling approach to address a range of emotions and issues such as grief, loss, anger management and discrimination.

"The impact of the refugee experience on children's mental health is a neglected area in humanitarian settlement support programs."

Adventure Based Therapy works through similar issues, but uses outdoor-based activities that emphasise team work. Counsellors also work individually with children by using play and art therapy, which facilitates non-verbal means of expressing feelings and thoughts.

For some children, neglect of their trauma and other psycho-social issues eventuates in long-term problems at school and in the wider society. The failure to adequately respond to their needs results not only in poor outcomes for them but for society as a whole.

Amanda Gillett is a Community Programs Manager and Mariana Kok is a Specialist Child/Adolescent Therapist at ASeTTS.

For more information about the Association of Services to Torture and Trauma Survivors (ASeTTS), contact them on (08) 9227 2700 or at reception@asetts.org.au or visit www.asetts.org.au

The Smith Family Values

CEO of The Smith Family, Elaine Henry, tells us how her organisation is supporting children to develop their potential through education.

Over 680,000 children live in Australian households where no parent is employed. These children are at a disadvantage compared with their peers before they even begin school. When a child doesn't have the basics for school, such as a school bag, the right sports gear or a complete uniform, they might end up being shunned or excluded by other children. Not being able to participate on an equal footing can set up a pattern of underachievement that can last throughout their school years and beyond.

The Smith Family is an independent national children's charity committed to unlocking opportunities for disadvantaged Australian children. We encourage and offer support to the children and their families, so that they can create a better future for themselves.

Supporting a child's education and learning is one of the best ways to help them realise their potential, break the cycle of disadvantage and participate more fully in society. This year The Smith Family is supporting more than 30,000 young people—including 3,000 in WA—through its Learning for Life suite of education and learning programs. These programs provide

financially disadvantaged students with financial support for educational resources, as well as access to mentoring, tutoring and personal development opportunities. The intention is to build their emotional intelligence and assist with the development of essential life skills, such as reading proficiency, and numeracy, financial and digital literacy.

One such program proving very successful in WA is iTrack, which is currently supporting 77 students in years 9 to 11 to make a more seamless transition from high school to the workforce or further study. The program pairs students with adult mentors from the working world. Mentors and mentees correspond via a secure online forum for an hour each week. Mentors assist the students in identifying their ambitions and the path they need to take to achieve their goals. Students report the benefits of having an objective adult on whom they can rely, someone outside of their regular family or friendship circles.

When a child is given the opportunity to develop their potential, the effects will resound in our community.

To find out more about The Smith Family, contact their Perth office on (08) 9202 1646 or visit www.thesmithfamily.com.au

Opportunities for a Better Future

Working in partnership with WA Police, PCYC provides educational programs and recreational activities for young people.

The ethos of PCYC (short for the Federation of Western Australian Police and Community Youth Centres) is to provide guidance and leadership by steering youth away from crime and into positive and rewarding activities.

A prime example of PCYC's successful youth development programs is Weld to Life, a national winner in the 2009 Australian Crime and Violence Prevention Awards. Based at Rockingham PCYC, the program offers a chance for teenage offenders or those "at-risk" to learn technical skills in a hands-on environment. This activity is designed to encourage a sense of achievement, build self-esteem and reduce offences and antisocial behaviour in the community. Graduates receive a Certificate I in Metals and Engineering, a Certificate I in Wider Opportunities for Work and a Senior First Aid certificate. Since its commencement, more than 80 percent of the participants have graduated from the program. Some have also returned to school, continued with further training or gained employment.

Also under the PCYC umbrella is the Police Rangers program. This adventure-based activity is open to young people of high school age and aims to increase leadership and team-building skills, confidence and self-esteem. "Blake's" story provides an example of the program's success. Regularly exposed to an environment of drugs, alcohol and domestic violence, Blake became involved with PCYC as a Police Ranger in 2008. Despite some initial difficulties, he enjoyed the challenge of being a Police Ranger. Blake found a job during his last year of high school and left the classroom to work full-time. During this period he became drawn to drugs and alcohol, which influenced a decision to return to PCYC for guidance. With this help he went on to complete Year 12 and step back into his leadership role within PCYC.

Blake's journey demonstrates how support from PCYC can help young people shape a better future.

To get involved in WA PCYC, contact the Perth office on (08) 9356 0555 or at federation@wapcyc.com.au

Tried and Tested

In each edition, we feature what people have “tried and tested” to promote mental wellbeing.

Eyes on the Camera

By Jade Stott



Photo by Charlene Winfred

The Camera Recycle Project (CPR) provides unique opportunities for young West Australians to access professional camera equipment for creative self-expression.

Our core philosophy is, ACTIVITIES + EVENTS + PHOTOGRAPHY = POSITIVE COMMUNITY ENGAGEMENT. We encourage positive recreational and social involvement by providing tools for creative expression to young people who would otherwise not have access to this technology.

Since I began the CRP in June 2009, I have been fortunate enough to work in partnership with a range of private, government and not-for-profit organisations. Through these partnerships, I have had the opportunity to work with young people aged 10 to 28, from broad regional, cultural and socioeconomic backgrounds.

Our participants include people who are homeless, Aboriginal, migrants or who have mental health issues. Many of them experience a variety of economic and social concerns that place them in “at-risk” categories. What each participant has in common is the positive way they engage with each other and the community when using the camera.

The young people engage in unique opportunities. They take part in photography studio sessions, act as roving reporters at concerts and

exhibitions, and enjoy recreational activities like bike-riding and urban “photo walks.” My impression is that through these activities the participants experience a productive “focus” outside of their day-to-day worries. They gain a feeling of social connectedness, confidence, and the opportunity to engage with peers in positive ways.

They themselves report that their involvement has led to improvements in motivation, self-esteem, communication skills, independent living skills, positive mental health, and friendships/family relationships, along with a reduction in drug and alcohol use and criminal activity.

I am privileged to experience first-hand the expressions, emotions and stories captured in the participants’ photos. I have viewed their pride at having their work admired and sometimes displayed in public. Seeing one of the photographers be selected as a finalist for a Youth Week competition, and witnessing someone who would not make eye contact opening up through photography, is the best reward.

The Camera Recycle Project is calling for donations of cameras (digital or film), memory cards and USB drives. For more information, contact Jade Stott on 0416 405 602 or at camerarecycleproject@gmail.com or visit www.camerarecycleproject.org.au



Sonshine fm

Teaching Positive Touch

By Maria Hart

On a sunny winter morning in 2004, I came across a newspaper article about the Massage in Schools Program. At the time I was involved with a large primary school in a low socio-economic area of Perth. As I read about the aims of the program, I thought that it would be very beneficial to these students.

The Massage in Schools Program (MISP) is a unique, peer massage program founded in 2000. Its vision is for every child at school to experience positive and nurturing touch every day.

MISP can only be introduced in to the classroom by a trained instructor. As a structured program for children aged four to 12, it is based on an ethos of respect. Each child asks for permission before they begin and says "thank you" to their partner at the end.

Clothed and seated, the children perform the massage with strokes on the back, neck, head, arms and hands for 10 to 15 minutes daily.

Massage is an interactive and interpersonal process that can improve a child's concentration and confidence. Through the power of positive touch, the program is able to reduce levels of stress, aggression and bullying. MISP can save teachers time as children settle more quickly into their lessons after their massage. One teacher comments, "I wouldn't start the school day without our massage program."

I was part of the first WA training program held in 2005. That year I introduced MISP to several classrooms.

I have found the program to be enthusiastically received by the children and their parents. One dad told his son's teacher how "the massage" was helping him connect with his son. One student was able to concentrate on the massage strokes in a manner that he hadn't shown for other activities. Massaging



became the means for several children with high functioning autism to interact with peers.

The program has touched the lives of students, parents and schools. The benefits can expand to the whole community if enough schools are prepared to embrace it.

Maria Hart has a MSc. in counselling/psychotherapy and is a qualified Massage in Schools Program instructor. She can be contacted on 0414 841 023. Visit www.massageinschools.com.au



Notes & Journals



Little Gifts



Art

Notebooks, Tote bags and Art prints by Perth Illustrator Helena Tay.
Printed on 100% recycled paper. Made in Western Australia.

www.LittleMoandFriends.com



Security and Attachment

The relationship that an infant forms with its parents can provide the basis for happiness and resilience. Dr Caroline Zanetti explains how the Circle of Security program can foster a positive relationship between a parent and their child.



Image courtesy of St John of God Health Care

The Raphael Centre at St John of God Hospital Subiaco is a perinatal and infant mental health service that has been using Circle of Security concepts for many years. The Circle of Security helps parents understand the social, emotional and psychological needs of their children. It provides a roadmap that can guide parents along the path towards a secure attachment relationship.

Most parents want a good relationship with their children. Unfortunately many things can go awry and sometimes children's needs go unseen.

Painful early attachment experiences may have contributed to a parent's low self-esteem or problems with managing difficult feelings. Parental mental illness, social hardship, poor social support and substance misuse may all interfere with a person's ability to be with their child in a way that supports their development.

In particular, postnatal depression and anxiety can have a pernicious effect on the developing attachment relationship, leading to problems that persist beyond the treatment. Treatment for mental health issues arising around the time of the birth of a baby should always include consideration of the baby's need for a strong emotional connection with their mother.

At a simple level, a parent might attend a baby massage group, where they can spend some time simply "being with" their baby. They watch for their baby's feelings and responses. Parents learn how their baby uses them as a secure base to move between exploring the environment and connecting in for comfort, protection and love. They learn that their children find that they can manage difficult feelings better if they have someone bigger, stronger, wiser and kind to go to when they have a problem.

Parents are also taught about the Circle of Security in the Raphael Centre's Pathways to Wellness group, dedicated to postnatal depression and anxiety. They are encouraged to think about the Circle provided by their own parents when they were young. Did their parents support with equal measure their exploring and connecting in? Or did they push towards one or the other? Were their parents able to be bigger, stronger, wiser and kind? The answers to these questions can help a new parent reflect on their own approach to parenting, and help them find the right balance with their children.

"Parents learn how their baby uses them as a secure base to move between exploring the environment and connecting in for comfort, protection and love."

The Raphael Centre runs intensive Circle of Security programs for parents and children with identifiable relationship problems. There is an eight-week Circle of Security DVD Parenting program, and a 20-week Touching Base program, which uses videotaped parent-child interaction to help parents understand and respond better to their child's needs. The Circle of Security sessions help parents to talk together about their child's needs and the difficulties they feel in meeting them.

Parent-child relationship problems are common. They underlie a large proportion of the cases in the Child and Adolescent Mental Health Service. As a child psychiatrist working on-call at Princess Margaret Hospital, I have found that most of the cases in the Emergency Department involve children and adolescents who are overwhelmed with unhappy or angry feelings, and whose parents are unsure how to help them. Many of these families had identifiable problems when the child was very small, and early intervention might have made a big difference to the child's trajectory.

Investment in children's early relationships builds resilience. Resilient children usually had at least one adult in their lives who was supportive and encouraging. Furthermore, research shows

that children learn more effectively and behave better at school when they have a secure base at home.

Relationships with adults outside the home are also crucial to children's cognitive and psycho-emotional wellbeing. Indeed, Circle of Security concepts are relevant in all areas where children come under the care of adults such as teachers and childcare workers, child protection and juvenile justice staff, and family court counsellors.

Adverse experiences in early childhood are associated with many of the medical and social problems that are proving so difficult—

and expensive—for governments to manage. These include mental illness, substance misuse, suicidal behaviour, criminality, smoking and obesity.

Helping children to grow into good citizens and good parents requires us to build their capacity to make good relationships. This is why the early years are so vital to their development.

Dr Caroline Zanetti is Director of Psychiatry to the Raphael Centre.

For more information about the Raphael Centre, contact them on (08) 9382 6828 or at raphaelsubiaco@sjog.org.au or visit www.stjohnofgod.org.au

Enjoying Reading Together

Thousands of WA families have bonded with their babies over stories and songs through the award-winning Better Beginnings program.

Seventy five percent of a child's brain will develop in the first three years of their life, so it's never too early for parents to start reading books and singing nursery rhymes to their children.

Better Beginnings is a family literacy program which supports parents in their vital role as their child's first teacher. Coordinated by the State Library of Western Australia and delivered by local libraries and community health centres, the program has been funded by the State Government, local governments and Rio Tinto since 2005.

Parents of a newborn baby are provided with a reading pack that includes books and a DVD, a nursery rhyme, wall painting, list of recommended first books, and information on sharing books with young children. Families are also invited to attend rhyme, story and parent information sessions.

Better Beginnings program coordinator, Nola Allen, says the response from parents has been extremely positive.

"In the past five years, more than 70,000 families have received Better Beginnings reading packs, and over 30,000 WA parents and children have joined in a family rhyme time session or parent information session at their local library," she enthuses.

Parents surveyed in a recent Edith Cowan University report describe how sharing books with their babies has been a bonding experience in which they can enjoy one-on-one time with their child.

Sixty-two percent of mothers reported that their confidence in sharing books and actively engaging with their babies had increased through their involvement in Better Beginnings.

"It was an encouragement to do something positive, something enjoyable we could do together, straight away," says one parent. "I was a non-reader so it has really boosted my confidence. I had always felt stupid reading to her, now I know it's the right thing to do."

"Research shows that children's early experiences with books and stories are very important, not only in learning to read and write when they go to school, but to help them make sense of their world and their feelings," says Nola.

"So this year we're running a pilot where over 6,500 kindergarten and pre-primary students across the state will be receiving their very own picture books, library bags and discovery books.

"There will be recommended books and backpacks, puppets and literacy games available from libraries for families to enjoy."



Image courtesy of the State Library of Western Australia

By sharing books, WA children and parents are discovering, in the words of Dr Seuss, "The more that you read, the more things you will know. The more that you learn, the more places you'll go."

Find out more about Better Beginnings by contacting Nola Allen on (08) 94273130 or at nola.allen@slwa.wa.gov.au or visit www.better-beginnings.com.au

Rewriting the Curriculum

Preschoolers in Perth are discovering that they are the creators of their own identity. Sarah Lovegrove, who runs two early learning centres in Perth, tells us how the Reggio Emilia philosophy is becoming reality.



Image courtesy of the Nedlands School of Early Learning

All around the world, parents, educators and pedagogical researchers are working together to create environments where children can become independent thinkers. I believe it is critical for our children that we continue acting on this dialogue.

It is vital that we as educators consider the whole child when we develop our programs. Our schools and early learning centres must offer opportunities for children to express and enrich their individuality and subjectivity. Children should be allowed to take risks, fail, experience disappointment, and know that all these things are OK! Such experiences form the building blocks of learning and resilience.

For many years the preschools and infant and toddler centres in the Reggio Emilia region of Italy have been researching and refining their “best practice” approach. Under the Reggio Emilia model, the learning environment is defined by mutual respect, collaboration and communication. Children are regarded as

competent, inquisitive and creative individuals, who have the right to learn through discovery and experimentation.

This philosophy dictates all that happens in the two schools that I direct, the Nedlands School of Early Learning and its Subiaco counterpart.

Both of these learning environments are not set by a clock. Children are encouraged to slow down and take time to develop their talents and explore their potential. Their work is left set out so they can revisit it with their peers and families. They understand that two heads are better than one; this enables all encounters and experiences to be full of possibilities.

Children take ownership of the environment and develop a culture of acceptance and support. We encourage the older children to mentor the younger children, because they speak the same language and it validates their skills.

The children create all the rules governing the school. They take responsibility for drafting and implementing the code of conduct and setting up the physical space. We have found that this gives them confidence to be proactive and thoughtful participants.

“Children should be allowed to take risks, fail, experience disappointment, and know that all these things are OK!”

Teachers allow situations to develop that will enable the children to learn through experience how to collaborate, wait their turn, act upon the suggestions of others and negotiate what they want. Children are great communicators and active participants who are limited only by our expectations. They are extremely capable of moving on if things don’t go their way. In short, they are resilient.

Every day we see children acquiring amazing skills, working with real tools and materials and engaging in positive relationships. They pick themselves up, dust themselves off and get on with the job at hand! This is their gift to us, to remind us just how capable they are.

Sarah Lovegrove, along with her sister Louise Thomson, is a Director of the Nedlands and Subiaco schools of early learning.

For more information about the Nedlands School of Early Learning, contact (08) 9386 3134, info@nelc.com.au or visit www.nelc.com.au

For more information about the Subiaco School of Early Learning, contact (08) 9381 5580 or admin@schoolofearlylearning.com.au

Healthy Mums, Healthy Babies

The Strong Family, Strong Culture program promotes improvement in the health of Aboriginal women and their babies.



Image courtesy of St John of God Health Care

Strong Family, Strong Culture provides practical, culturally appropriate and holistic health care to Aboriginal families. It is a part of St John of God Health Care's Social Outreach and Advocacy services.

The organisation believes that focusing on maternal and child health will improve long-term health outcomes for Aboriginal people. The program caters to pregnant women, mothers, babies, and families with children in the 0 to 5 year age range.

"We tackle smoking during pregnancy, low birth weights and poor nutrition," says Cissy Cox, Manager of Strong Family, Strong Culture.

"We encourage pregnant mothers to attend antenatal appointments and sometimes even drive them to appointments if they don't have their own transport."

The program recognises the role of tradition and culture in educating pregnant Aboriginal women about diet, health and antenatal care. These efforts can lead to improved birth weights and better early childhood development in babies.

Senior Aboriginal women, as traditional custodians of health in Aboriginal communities, are employed as support workers to support and educate pregnant mothers in their communities.

Support workers act as a personal, down-to-earth and hands-on resource. They visit families in their homes and conduct group activities at local community venues.

"The families feel comfortable talking to women from their own culture. They like being supported in an environment that is familiar, such as their homes or within their own communities," Cissy says.

"We find they are more open to accepting assistance and support if they are with their families and if the support workers can act as role models for them."

Strong Family, Strong Culture was established eight years ago and now operates in 13 Aboriginal communities in the Kimberley, Pilbara, Mid-West and Gascoyne regions. Where possible, it is delivered in association with Aboriginal Community Controlled Health Services.

St John of God Health Care decided on the program because of its track record in the Northern Territory, which saw a 42 percent increase in Aboriginal birth weights.

"The Strong Family, Strong Culture program was identified as it had a proven record of success," says Cissy.

The program currently employs 24 Aboriginal women who see an average of 15 to 20 people a week. However, the numbers can fluctuate greatly and support workers can touch up to 100 families in one day when working at community events.

"We feel that our program will be successful if we continue to have strong relationships with Aboriginal mothers, babies and families in our communities," Cissy says.

"Then we will know we are having an impact and making a difference."

To find out more about the Strong Family, Strong Culture program, visit www.sjog.org.au/outreach

The First Step

The recently-launched *Healthy Mother-Infant Relationship: assessment of risk in women with serious mental illness* provides community mental health clinicians with a model of risk identification and appropriate referral.

"Our project maps services and develops a framework for case managers of mothers with a serious mental illness," says project developer, Dr Johana Stefan, a consultant psychiatrist at Princess Margaret Hospital.

The practical resource was produced by the Clinical Applications

Unit (CAU) of the North Metropolitan Area Health Service, Mental Health. It is a continuation of last year's *Healthy Babies for Mothers with Serious Mental Illness*.

Interested clinicians can contact Dr Johana Stefan on (08) 9207 3588 or at Johana.Stefan@health.wa.gov.au

Copies of *Healthy Mother-Infant Relationship* are available from Philippa Martyr on (08) 9347 6705 or at Philippa.Martyr@health.wa.gov.au, or can be downloaded at www.nmahsmh.health.wa.gov.au/projects

To Carry the Parent

Staff at Best Beginnings are celebrating the tenth anniversary of their program, which helps babies by helping their parents.

The community-based program promotes positive physical and mental health outcomes for children by working with their parents.

The joint initiative between the Department for Child Protection and Department of Health has shown success in working with vulnerable families.

Parents join the program sometime between late pregnancy and the infant's first three months, and ideally stay on until the child is two years old.

They are visited in their homes by parent support workers or child health nurses.

"The relationship we build with the mothers is the key to success," says Prue, a parent support worker.

The program adopts a Family Partnership Approach to cultivate a relationship of trust between parents and the staff member. This goal-orientated partnership is able to help parents deal with the complex issues they face while caring for their babies.

The common problems that parents experience are depression and other mental health issues, isolation, financial stress, and domestic violence.

Program staff help the parents "sort out the chaos, so that they have energy and time to give to the baby. It's difficult to take time to play and delight in your baby when you don't have stable housing," says Prue.

Kath, a child health nurse, explains that the staff act as role models to promote positive parenting behaviour.

"Some of the parents have had no positive role modelling in their lives, but once they are ready to engage in the program, the progress is amazing," she says.

The Circle of Security model is used to help parents respond appropriately to their child's needs.

As one staff member says, "we are the holding environment in the beginning. We are the hands in the circle of security that support the parents so that they can learn to support their children."

In the words of one mother, "you looked after me and I learnt how to look after my baby."

Best Beginnings staff encourage parents to engage with community supports to widen the family's base of support and reduce social isolation.



Photo by Bridget Turner, bridget.j.turner@gmail.com

Promoting optimal physical health for babies and parents is also important. Workers support parents to breastfeed, access immunisation and contraception, and provide safe environments for themselves and their children. They also help parents to understand and enhance their child's development.

"In the words of one mother, 'you looked after me and I learnt how to look after my baby.'"

Leonie Hellwig of the Department of Health says that families have experienced improvements in housing stability and a reduction in social isolation, drug and alcohol use and family violence.

"In a survey, 80 percent of families who have used the service reported that Best Beginnings has had a positive impact on how well their child grew and developed," says Leonie.

For more information about Best Beginnings, contact Roberta Lumbus at the Department for Child Protection on (08) 9222 2652, or Leonie Hellwig at the Department of Health on (08) 9323 6679 or visit www.childprotection.wa.gov.au

Time-Out for Children

The Wanslea COPMI program enhances resilience in children and young people whose parents suffer from a mental illness.

COPMI, short for Children of Parents with a Mental Illness, provides individual counselling, support, and peer support holiday programs for children between the ages of 0 and 16. In a parallel process, it works with their parents to enhance family resilience and recovery.

Many of the children in the COPMI program are young carers for their parents or younger siblings.

Program Manager, Jenny Terry, explains that the holiday activities are designed to offer them respite from their responsibilities.

“The activities provide the young carers with the opportunity to form connections, share common experiences and gain a sense of belonging within a peer group,” she says.

“The impetus for including peer support activities came from the young people themselves who had experiences of social isolation and stigma.”

Staff ensure that the children have the opportunity to engage in a range of leisure and recreational activities such as surf life-saving, bush walking, abseiling and raft-building. Group work programs also offer education around mental illness.

“By participating, children are able to try out and test new skills. This helps them develop a heightened sense of their own capacity and pride in their achievements. It also increases their confidence and self-esteem.

“Staff help children identify their strengths through a resilience-led approach. Through counselling, building relationships and developing positive self-esteem, the aim is to enhance the capacity of children and young people for resilience.”



Photo by Jason Batory

In 2009 the participants produced a DVD called The COPMI Crew in Action, which focused on their experiences as young carers.

“One young person talked about her wish to help younger children understand more about mental illness,” says Jenny. “She talked about the importance of her family and how she has met some of the challenges of living with parental mental illness.”

“The DVD helps practitioners gain insight into the perspectives of children who live with parents who have a mental illness.”

“Staff help children identify their strengths through a resilience-led approach.”

The participants also helped prepare a booklet aimed to assist others entering the program. Several young carers have volunteered to return to the holiday program as mentors for the younger children.

The most recent addition to the COPMI program is the Family 2 Family Project, a partnership between Wanslea, Ruah Inreach and people with lived experience of a mental illness.

“The project offers a series of workshops in the south metropolitan and Mandurah regions for all family members. The workshops are aimed at enhancing resilience and supporting recovery by strengthening family relationships. They also provide opportunities for families with shared experiences to meet,” says Jenny.

Wanslea also operates a range of programs covering family support, family reunification, children's services and foster care.

For information about the COPMI Program and Family 2 Family workshops, contact Jenny Terry on (08) 9245 2441 or at jterry@wanslea.asn.au

For further information about other Wanslea programs, contact the duty social worker on (08) 9245 2441 or visit www.wanslea.asn.au

Easing the Load

Red Cross programs aim to nurture the young.



Image courtesy of Red Cross

Red Cross' mission is to improve the lives of vulnerable people. The organisation reaches out to a range of people in need, from new mothers suffering a depressive illness, to teenagers who act as carers for a parent.

In WA, Red Cross delivers the Practical Support program and the Young Carer program, funded by the Department of Health and the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), respectively. The aim of the two programs is to create healthier families, which will in turn improve the opportunities for children and young people to reach their full potential.

Evidence-based research suggests that a secure attachment between a mother and her child will have a profoundly positive impact on the child's development. However, to women experiencing a mental illness such as depression, parenting can sometimes be a struggle.

The Practical Support program assists mothers with a depressive illness who have a child under two years of age. A trained Red Cross volunteer works alongside the mother, supporting her to care for her baby and build her skills and confidence in parenting. Positive life choices are also encouraged.

Jo Robins, who manages Practical Support, says volunteers are integral to the program's success.

"They bring a wealth of life experience and skills to the role as well as sharing tips and practical ideas," she enthuses.

"During home visits, volunteers provide emotional support and are flexible in their approach and assistance. They help with time and stress management strategies and foster the development of relationships. This helps establish routines, motivates the mother to achieve goals and increases her sense of confidence.

"Depressive illness can impact on all members of the family. Practical Support contributes to the wellbeing of the whole family, promoting a happy and supportive environment for children from a young age."

The Young Carer program assists people between the ages of eight and 25 who care for someone at home, including parents with a mental illness.

"The organisation reaches out to a range of people in need, from new mothers suffering a depressive illness, to teenagers who act as carers for a parent."

Judy Waymouth, manager of the Young Carer program, says that many young people go unrecognised for the role they play and this can be a disadvantage to them.

"Due to the demands of their caring role, young carers are more likely than their peers to not attend or complete school," she states.

"They are also less likely to be involved in recreational activities. These factors could have a negative impact on both their level of education and their social engagement.

"The program provides respite for young people, allowing them to attend school, extra curricular or recreational activities and enjoy the freedom that their peers experience.

"The program also coordinates social and recreational activities and provides referrals to other organisations who can offer support services."

For more information about the Young Carer program in your area, contact Judy Waymouth on free call 1800 052 222.

For more information about the Practical Support program, contact (08) 9225 8808 or free call 1800 810 710 from regional areas.

Visit: www.redcross.org.au

Emotional Intelligence in Schools

The ability to recognise, understand and manage the emotions can lead to better outcomes at school.

Emotional intelligence (EI) is a set of skills representing how effectively humans deal with emotions and related information.

These skills include the ability to recognise and describe emotion, understand the emotions of others, incorporate emotions into decision-making, and manage and control emotions.

“Research indicates that enhancing the social and emotional competencies of students will result in positive outcomes for individuals and their schools.”

Research indicates that enhancing the social and emotional competencies of students will result in positive outcomes for individuals and their schools. A recent study by Swinburne University, published in *The Australian Journal of Psychology*, links high adolescent EI with adaptive coping strategies and fewer behavioural problems.

Swinburne University has been involved in research on EI in Australia for more than a decade. The university’s collaborative research with a number of schools nationwide shows a relationship between adolescent EI and a range of important educational benefits.

Dr Karen Hansen, coordinator of the Emotional Intelligence and Education

Research Unit at Swinburne’s Brain Sciences Institute, believes that such findings offer another way for schools to assist students.

“If we can show that adolescents with high levels of EI have better coping strategies, are healthier physically and psychologically, are not prone to aggression and rule-breaking behaviour and that this results in increased academic achievement, it will motivate schools and parents to target these competencies and teach them,” she says.

Organisations interested in working with Swinburne University in their EI research can contact Dr Karen Hansen at khansen@swin.edu.au

Continuing the Care

Emotions shape the majority of our actions, says the Director of a new UWA centre for research into emotion.

“Emotions influence our decisions more than logic does—for better or for worse,” says Professor Colin MacLeod, Director of the Elizabeth Rutherford Memorial Centre for the Advancement of Research on Emotion (CARE).

“We see this from the way society functions, to the way we run our lives.”

Located with the UWA School of Psychology, CARE commemorates the work of the late Dr Rutherford, a world leader in research into emotion.

“Emotion is so pervasive and important that it emerges independently in different fields of study, like developmental psychology and neuropsychology,” says Professor MacLeod.

The centre will bridge the various psychological approaches to emotion. It will also enhance the university’s national and international interdisciplinary partnerships.

“We are presently developing exciting collaborations in WA with researchers in the humanities who study the historic development of emotions, and in business studies who research the role of emotion on the stock market.”

CARE was opened in May by the Acting Mental Health Commissioner, Neil Guard, and Dr Rutherford’s mother, Margot Rutherford.

“Emotional and mental wellbeing are integral to community health and wellness,” said the Acting Mental Health Commissioner. “For people who have been unwell, being supported to explore and deal with difficult emotions is key to their recovery journey. Emotions also motivate and challenge all of us to do things better.”

For more information about CARE, contact Professor Colin MacLeod, on (08) 6488 3273 or at colin@psy.uwa.edu.au

KidsMatter

KidsMatter Primary continues to roll out across the country, including WA. Thirty-three WA primary schools from the public, Catholic and independent sectors are now involved in the initiative.

The program is the first national mental health promotion, prevention and early intervention initiative specifically developed for primary schools. Its aim is to improve the mental wellbeing of primary school students, reduce the incidence of mental health problems, and achieve greater support for students experiencing mental health difficulties.

A recent Flinders University evaluation of 101 participating schools found the number of mental health difficulties affecting students had diminished and that, overall, children experienced improved mental health and resilience.

For further information about KidsMatter Primary, contact KidsMatter WA Coordinator, Cate Engelbrecht, at cate.engelbrecht@det.wa.edu.au or visit www.kidsmatter.edu.au/primary

Department of Education

The Department of Education has appointed Jacqueline Reid as its Principal Consultant, Mental Health.

The Principal Consultant, Mental Health will work collaboratively across agencies to identify, diagnose and manage students with severe mental health disorders.

Jacqueline will implement the memorandum of understanding (MOU) between the Department of Education and the Child and Adolescent Mental Health Service (CAMHS). The MOU clarifies outcomes, roles and responsibilities in relation to CAMHS and the public school students accessing its services. The MOU will also identify necessary school resources and implement workforce development to support students with mental health issues.

For more information, contact Jacqueline Reid on (08) 9264 4650 or at Jacqueline.Reid@det.wa.edu.au

Centrecare

Centrecare is the non-government organisation appointed to implement the \$13 million Western Australian Suicide Prevention Strategy 2009-2013.

Centrecare is an established and innovative provider of specialist social services that delivers counselling, support, family dispute resolution and training services.

The organisation will work in partnership with the Ministerial Council for Suicide Prevention and the WA community to implement the strategy. The council will identify priority areas across WA and oversee initiatives to support community capacity building and resilience.

For more information, contact Centrecare on (08) 9325 6644 or at enquiries@centrecare.com.au or visit www.centrecare.com.au

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Active Bodies and Healthy Minds

Sport and recreation is about more than winning. In fact, research suggests that participating in sport and recreation, particularly in a club environment, can lead to a range of benefits including improved mental health.



Photo courtesy of the Department of Sport and Recreation

When you hear the words “sport and recreation,” you might think of fitness, weight loss, perhaps even gold medals.

However, this perception is starting to broaden, with mounting research indicating that participation in sport and recreation delivers much more than the obvious physical benefits, especially for children.

While the importance of physical health should not be understated, people often do not consider the positive effect that sport and recreation can have on mental wellbeing, social connections, and education.

“Our mantra at the Department of Sport and Recreation (DSR) is, ‘sport and recreation builds stronger, healthier, happier and safer communities,’ says Ron Alexander, DSR Director General.

“The best way for children and adults to get the most out of participating in sport and recreation is by joining a club,” he adds.

Physical activity, whether structured, such as in a club, or unstructured, like walking

the dog, can help prevent and overcome mental health problems.

A literature review conducted last year at Curtin University's Centre for Behavioural Research in Cancer Control links participation in sporting clubs and organised recreational activities with improved self-esteem and reduction in stress, anxiety and depression.

“Physical activity, whether structured, such as in a club, or unstructured, like walking the dog, can help prevent and overcome mental health problems.”

In addition, participation in organised sport and recreation can engender feelings of general wellbeing and belonging.

“The club environment can provide you with a sense of connection to your community,

allow you to make new friends, and open the door to a range of social opportunities, which reduces feelings of loneliness and isolation,” says the Director General.

“In fact, those involved in sporting clubs often refer to them as their other ‘families’ rather than as organisations, due to their tight-knit nature.”

People who have family-type support of three or more people are less likely to have a mental illness than those who do not have the same level of support.

The social benefits of sport and recreation clubs can also be felt by people who participate in a volunteer capacity such as umpires, coaches, officials and administrators. Volunteering can enhance a person's wellbeing by creating support networks and providing opportunities to participate in fulfilling activities.

Sport and physical education programs also have benefits for learning.

“For young people, it's evident that sporting and recreational activities can improve learning outcomes and help them to achieve better results at school,” says the Director General.

“Reports indicate that students who participate in regular physical activity achieve a higher level of academic performance, even if it means they dedicate a little bit less time to that particular subject.

“Children and adolescents should be getting up to 60 minutes of physical activity a day.”

Visit www.dsr.wa.gov.au/clubsonline and use the “Find a Club” database to search for clubs in your area.

For more information, contact the Department of Sport and Recreation on (08) 9492 9700 or at info@dsr.wa.gov.au or visit www.dsr.wa.gov.au

The Slightly Skewed Life of Toby Chrysler

Book written by Paul Collins

Celapene Press, 2009. (Children's novel)

Review by Zahra Ussi, Year 4



Toby Chrysler, nicknamed Milo, is a bit “different” than other people. He easily gets into trouble at school, with the police, children's services, the neighbours, his parents and

friends. People do not seem to really understand him.

His mum is missing and Toby is left with his dad. He meets Ginger who is diabetic. They became friends because her dad is also missing.

The search for their parents leads to adventures around the neighbourhood. Their only clues are a red shoe, a weird plan and some map coordinates.

It is an exciting novel, curious and different to what I expected. You never know what is coming next! I think people who are too young will not understand this book. It had lots of twists and turns. Why are lots of people looking for Toby? Why do Toby and Ginger think that the postman is another clue to finding their parents?!

I learnt that sometimes you can't trust friends and that things do not always come out as you plan, even if you mean well. I really warmed to the characters along the way. I did not want the book to end!

I think other kids should read this book because it is a great read. You can learn from it and get to know a different author other than J. K. Rowling or Roald Dahl.

Love Lust and Lies (M)

Movie directed by Gillian Armstrong

Review by Lezly Herbert, Writer



In 1976, Josie was living with her father, cooking his dinner and serving it with a beer after his hard day as a manual labourer. Josie's father meant well, but he was ill-equipped to bring up a teenage daughter. At 14, Josie was smoking, drinking and running amuck with the local boys. Her friend Diana lived with both her parents but was just as rebellious and full of mischief. Their friend Kerry wasn't as raucous, but it seemed the only knowledge she had about sex came from a video shown in class. All three working-class girls hated school.

Before directing the feature films that were to make her famous, Gillian Armstrong was commissioned to make a documentary about what it was like being a 14-year-old girl. *Smokes and Lollies* was to explore the attitudes of a new generation of teenagers who were perceived as being more liberated than their predecessors. The film eventually became the first in a series spanning decades.

Thirty-three years on, the latest instalment is a unique record of resilience and social change. The three women are now grandmothers and have survived tough times. They have emerged as strong people who speak openly to the camera about the ups and downs of their lives, and even reveal a few secrets.

Dreams have been realised and goal posts have been shifted in the extraordinary journeys of these three “ordinary” girls. It is a privilege to share their lives and see that they are still learning, still hoping and still dreaming.

The Typhoons

Pleasure is a Freedom Song

Review by Siu Dong Li, Year 9



Perth-based band The Typhoons have produced a great soul-hop album, mixed by Jeremy Allom (Massive Attack) and mastered by Tom Coyne (Kanye West). Most teenagers will enjoy it because the songs are catchy and sleek.

The Typhoons challenge stigma and ignorance, and their songs highlight tough issues like homelessness and the environment. “The Need” asks for shelter for the homeless and support to lighten the pressures they face. The songs reflect that some people don't have happy lives all the time and aren't as lucky as some of us.

The band is known for its energetic live performances and they won the 2010 WAMi Award for Best Urban Hip Hop Act. So check out their album or live shows soon.

Prita Grealy

New life

Review by Jane Serventy, Disability Services Commission



With a mixture of blues, jazz and folk influences, the twelve tracks on this CD provide a reflective, soulful look at the importance

of relationships.

“Blue for you” is wistful in nature, conveying the mix of feelings experienced when “moving on” after a relationship fails. “Take it off” laments the hectic pace of life today, suggesting that people need to learn how to slow down, relax and unwind. “Time with me” is about starting new relationships. It reflects on the uncertainty that people feel with new beginnings and the reality that it takes time for relationships to grow and deepen.

Prita Grealy's beautiful voice and evocative musical “stories” will delight all who take the time to listen.

Erratum

Head2Head Volume 3, Number 1, 2010, in “A First for WA Mental Health”, pp. 6–7.

It was incorrectly reported that the Mental Health Review Board will remain with the Department of Health (p. 7).

Please note that, since 2005, all financial and administrative support to the Mental Health Review Board has been provided by the State Administrative Tribunal, which is part of the Attorney General's portfolio.

Diary Dates

SEPTEMBER

Date: 11 September 2010
Event: Awards: Suicide Prevention Australia LIFE Awards (Sydney)
w: www.suicidepreventionaust.org
e: tony@suicidepreventionaust.org
t: (02) 9568 3111

Date: 14 – 17 September 2010
Event: Conference: The Mental Health Services (TheMHS) 20th Annual Conference (Sydney)
w: www.themhs.org
e: info@themhs.org
t: (02) 9810 8700

Date: 22 – 24 September 2010
Event: Conference: Australasian Schizophrenia Conference (Sydney)
w: www.asc2010.com
e: info@asc2010.com
t: (02) 9254 5000

Date: 29 – 30 September 2010
Event: Symposium: 2nd Australian Rural and Remote Mental Health Symposium (Sydney)
w: www.anzmmh.asn.au/rmh10
e: ruralhealth@anzmmh.asn.au
t: (07) 5528 2501

OCTOBER

Date: 4 – 6 October 2010
Event: Conference: 3rd Our Mob, Our Minds, Our Spirit (Perth)
e: john.vandergiezen@health.wa.gov.au
t: (08) 9431 3555

Date: 12 October 2010
Event: Awards: Mental Health Good Outcomes Awards (Perth)
w: www.mentalhealth.wa.gov.au
e: ContactUs@mentalhealth.wa.gov.au
t: (08) 6272 1200

Date: 20 – 21 October 2010
Event: Conference: 2010 Mental Health Support Workers' Conference (Sydney)
w: www.newhorizons.net.au/newsite

NOVEMBER

Date: 9 November 2010
Event: Workshop: Mental State Examination (Perth)
w: www.dao.health.wa.gov.au
e: DAO.education@health.wa.gov.au
t: (08) 9370 0368

Date: 17 – 19 November 2010
Event: Conference: 3rd Australasian Mental Health Outcomes Conference (Auckland)
w: www.amhocn.org
e: info@amhocn.org
t: (02) 9840 3833

Date: 17 – 20 November 2010
Event: Conference: 4th Asia Pacific Regional Conference of the International Association for Suicide Prevention (Brisbane)
w: www.suicideprevention2010brisbane.org
e: suicideprevention2010brisbane@arinex.com.au
t: (07) 3236 2301

Date: 23 November 2010
Event: Workshop: Advanced co-morbidity capability for mental health practitioners (Perth)
w: www.dao.health.wa.gov.au
e: DAO.education@health.wa.gov.au
t: (08) 9370 0368

Contribute to *head2head*

Contact us if you have an idea for a story.

We can include your events on our Diary Dates page, or updates about your service in our Agency Updates.

Contact Duc Dau at Duc.Dau@mentalhealth.wa.gov.au



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- Jake Stone, Bluejuice

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